DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration
Bureau of Old-Age and Survivors Insurance

MN

A-333473

Form approved.
Budget Bureau No. 72-R 523.2

DISABILITY DETERMINATION - STATE AGENCY

DATE OF APPLICATION	SOCIAL SECURITY ACCOUNT NO.
4-11-57	705-12-2357

NAME AND ADDRESS OF APPLICANT	DATE OF BIRTH	NAME OF WAGE EARNER *(If disabled child filing)*
Paul E. Nixon 23 Grand Avenue Cumberland, Maryland	3-12-88 D/O CODE	DISTRICT OFFICE ADDRESS

NAME OF AGENCY	STATE	STATE AGENCY CODE
RRB		992

FINDING OF DISABILITY AS DEFINED IN TITLE II OF THE SOCIAL SECURITY ACT

1. PURSUANT TO THE PROVISIONS OF SEC. 221 OF THE SOCIAL SECURITY ACT AND UPON CONSIDERATION OF ALL THE FACTS, IT IS DETERMINED THAT THE APPLICANT:

(a) [X] HAS BEEN UNDER A DISABILITY SINCE 1-17-47 (b) [ ] WAS NOT UNDER A DISABILITY

(c) [ ] WAS UNDER A DISABILITY FROM _____ TO _____

2. DIAGNOSES:

Cerebro-spinal lues
Arteriosclerosis

3(a). ALLEGED DATE OF ONSET *(Month-Day-Year)*	AT AGE	3(b). OCCUPATION AND EDUCATION
1-1-47	58	Hostler 3rd Grade

3(c). CASES OF BLINDNESS AS DEFINED IN SEC. 216(i)

[ ] WAGE EARNER ABLE TO ENGAGE IN SGA [ ] WAGE EARNER UNABLE TO ENGAGE IN SGA SINCE _____

3(d). BASIS FOR DETERMINATION:

Applicant was rated disabled on basis of report in 1947. Patella reflexes absent; pupils irregular and inactive to light; suggestive Rhomberg. He was very weak and nervous. Was hospitalized from February to May 1947 and given malaria treatment, mental condition was very bad, but improved after treatments.

Current medical evidence shows improvement but applicant is now 69 years old and yet has mental impairment. It is determined that he has been under a continuous disability since he last worked, 1/17/47.

[ ] CONTINUED ON ATTACHED SHEET

SIGNATURE	SIGNATURE
J. H. Vick Jr.	Dennis Kirlin M.D.
TITLE: Rating Officer — DATE: 9/11/57	TITLE: Medical Consultant — DATE: 9/11/57

4. RECOMMEND RE-EXAM ON *(Date)*

TO BE COMPLETED BY BOASI

5. [ ] CHILD'S DISABILITY BEGAN BEFORE AGE 18 AND CONTINUES.
[ ] CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18.

6. [X] W/E MEETS 6/20 TEST IN 3-47 QTR.
[ ] W/E DOES NOT MEET 6/20 TEST. HAS ____ OF 40 & ____ OF 13 QTRS ENDING _____

7. A PERIOD OF DISABILITY IS
[X] ESTABLISHED FROM 1-17-47 TO 3-31-53
[ ] NOT ESTABLISHED

8. REMARKS:

9. RE-EXAM REQUIRED ON *(Date)*

DISABILITY EXAMINER: J. L. Bozeman — DATE: 9-20-57

APPLICANT TO BE NOTIFIED BY:

[ ] DDO [ ] AO LTR/PAR NO. 8/0 (RRB)

DDO CODING

OFFSET INDICATION: [ ] STATE [ ] FED.	BASIS FOR ADJUD.	ALLOWANCE OR DENIAL CODE	CATEGORY OF CASE
	3	A1	05F

FOR AO USE

Form OA-D831
(4-57)

T-222 (9-57)
IN REPLY REFER TO
SS ACCOUNT NO. 705-12-2357
RR CLAIM NO. A-333473

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

DEC 20 1957

BUREAU OF RETIREMENT CLAIMS

Mr. Paul E. Nixon
23 Grand Avenue
Cumberland, Maryland

You have been found to be entitled to a disability freeze under the Social Security Act (see the enclosed letter).

The Railroad Retirement Act includes a provision which guarantees that the total amount of annuities payable for a full month under that Act to an employee and his dependents while he is alive, or to his survivors when he dies, will not be less than the amount, or the additional amount, which would be payable under the Social Security Act if his railroad service after 1936 were credited under the Social Security Act.

We carefully examined your case to determine whether the freeze period would increase your annuity. We find that it will not as the monthly annuity you are now receiving is at least as much as what the guaranteed amount would be after taking into consideration the disability freeze established for you.

Very truly yours,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

Enclosure
SSA Letter

RRB Chicago

IN REPLY REFER TO 705-12-2357
SS ACCOUNT NO. A-333473
RR CLAIM NO.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P. O. BOX 1956
BALTIMORE 3, MARYLAND

DEC 20 1957

BUREAU OF OLD-AGE AND
SURVIVORS INSURANCE

Mr. Paul E. Nixon
23 Grand Avenue
Cumberland, Maryland

Your application to establish a disability freeze under the provisions of the Social Security Act has been approved. We have established a disability freeze for you beginning on January 17, 1947. A freeze period ends when a person is no longer disabled or he reaches age 65, whichever occurs first.

An individual under age 65 must report if his condition improves or if he works again. We will then consider whether his freeze period should continue. He should send a report of these events, or of a change of his address, to the nearest office of the Railroad Retirement Board.

A person has the right to a reconsideration by this Bureau or to a hearing on his case before a referee of the Social Security Administration. Thus, if you believe that the determination in your case is not correct, you may request such a reconsideration or hearing. If you wish a reconsideration or a hearing, you must request it within six months from the date of this notice; if additional evidence is available, you should submit it with your request.

If you have any questions or you wish to file for a reconsideration or a hearing, please consult the nearest office of the Railroad Retirement Board or the nearest district office of the Social Security Administration. If you call in person, please bring this notice with you.

Sincerely yours,

Victor Christgau

Victor Christgau
Director

Form OA-DL810 (RRB)
(8-57)

DHEW-SSA-OASI-BALTIMORE, MD.

333473			SERVICE			6050	6660
CLAIM NO.	CODE-TYPE BEN	AMC OR AMR	YRS.	MOS.	BASIC AMT	RATE PAID MAY 1959	RATE PAID BEG. JUNE 1959

CLAIM FOLDER CARD

ISTMENT OF MONTHLY RATE -- 1959 RRA AMENDMENTS EFFECTIVE JUNE 1, 1959

PE OF BENEFICIARY IN PAY STATUS
SURVIVOR CASES ONLY)

THREE-DIGIT CODES

1ST DIGIT: 0- NO WIDOW
1- WIDOW WITH CHILDREN

2ND DIGIT: 0- NO CHILDREN
ANY OTHER CODE INDICATES NUMBER OF CHILDREN

3RD DIGIT: 0- NO PARENTS
1- ONE PARENT- OTHER PARENT WITHHELD
2- TWO PARENTS

WHERE A FAMILY GROUP RECEIVES BENEFITS IN A COMBINED CHECK, THE MAY 1959 AND JUNE 1959 RATES SHOWN ABOVE ARE THE TOTAL MONTHLY RATES OF ALL BENEFICIARIES IN THE FAMILY GROUP WHO WERE IN A PAY STATUS ON JUNE 1, 1959

LE	MA 333473	6660	6980
	CLAIM NO.	RATE PAID JAN 1960	RATE PAID BEG. FEB 1960

CLAIM FOLDER CARD

ADJUSTMENT OF MONTHLY RATE

s annuity because of increase in maximum annuity, effective February 1, 1960, or decrease
ty where overall minimum was payable for January 1960.

60)

333473	5430	5950	6050
CLAIM NO.	RATE PAID DEC 1958	RATE PAID JAN 1959	RATE PAID BEG. FEB 1959

CLAIM FOLDER CARD

ADJUSTMENT OF MONTHLY RATE

annuity because of increase in maximum annuity, effective January 1, 1959 and February 1, 1959

59)

333473		178	30 00		12690	13960
CLAIM NO.	CODE-TYPE BEN	AMC OR AMR	SERVICE YRS. | MOS.	BASIC AMT	RATE PAID MAY 1959	RATE PAID BEG JUNE 1959

CLAIM FOLDER CARD

JSTMENT OF MONTHLY RATE -- 1959 RRA AMENDMENTS EFFECTIVE JUNE 1, 1959

(PE OF BENEFICIARY IN PAY STATUS
SURVIVOR CASES ONLY)

THREE-DIGIT CODES

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1- WIDOW WITH CHILDREN

2ND DIGIT: 0- NO CHILDREN
ANY OTHER CODE INDICATES NUMBER OF CHILDREN

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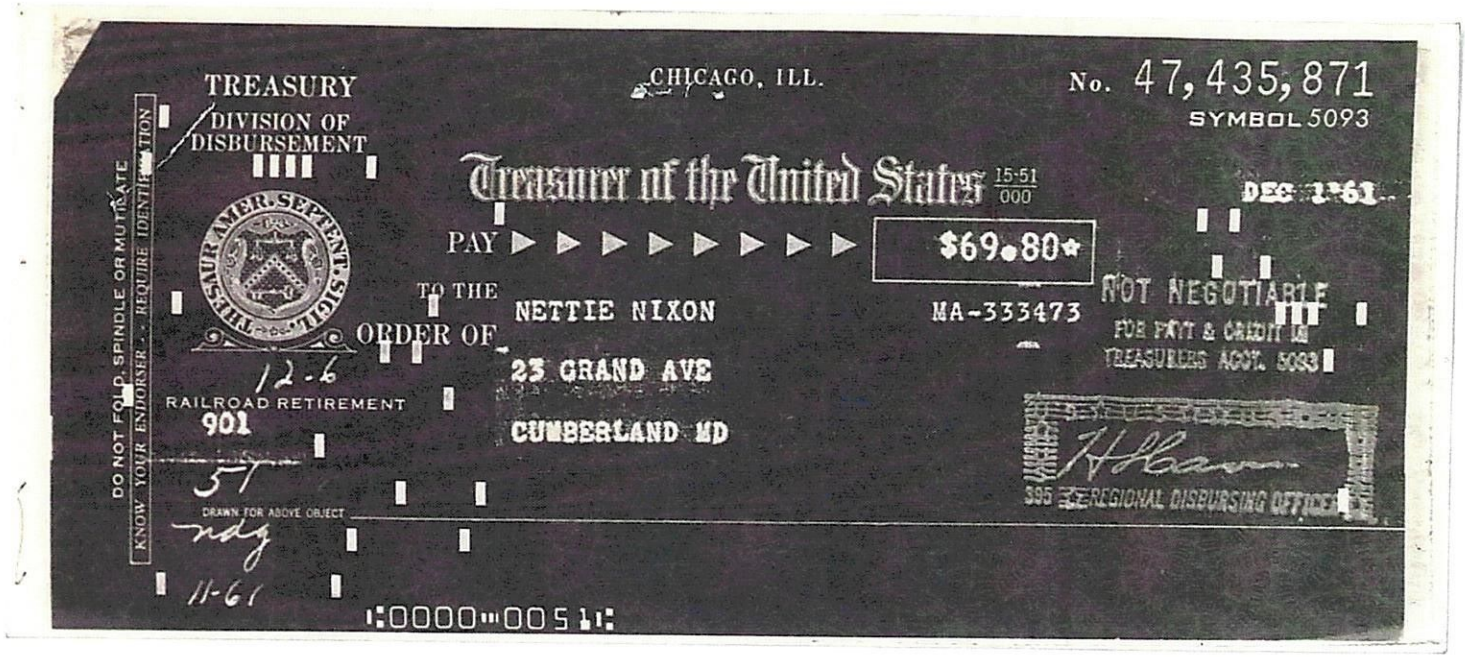


TREASURY
DIVISION OF DISBURSEMENT

CHICAGO, ILL.

No. 47,435,871
SYMBOL 5093

Treasurer of the United States 15-51 / 000

DEC 1 '61

PAY ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ $69.80*

TO THE ORDER OF
NETTIE NIXON
23 GRAND AVE
CUMBERLAND MD

MA-333473

NOT NEGOTIABLE
FOR PAYT & CREDIT IN
TREASURERS ACCT. 5033

$95 REGIONAL DISBURSING OFFICER

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSER - REQUIRE IDENTIFICATION

12-6
RAILROAD RETIREMENT
901
57
DRAWN FOR ABOVE OBJECT
ndg
11-61

⑆0000⑈0051⑆

CLAIM FOLDER COPY

Form No. G-96 (1-55)
RAILROAD RETIREMENT BOARD UNITED STATES OF AMERICA

TERMINATION OR SUSPENSION OF PAYMENTS

SSA NO. | RRB CLAIM NO.

VOU. NO. | NAME OF PAYEE

PLATE IMPRESSION

$69.80*
NETTIE NIXON
MA-333473
23 GRAND AVE
CUMBERLAND MD

CONTROL NO. (FOR USE OF PLATE FILES UNIT ONLY)

TERMINATED
JAN 1962
CHECK HELD
1-1-62

DATE PAYMENTS SHOULD HAVE BEEN (SHOULD BE) STOPPED

EMPLOYER'S NAME

TERMINATION

INSURANCE ANNUITANT

- ☐ 41 Beneficiary died *
- ☐ 42 Beneficiary (child) attained age 18 or disabled child (18 or over) recovered from disability *
- ☐ 44 Beneficiary (child) married or adopted, or widow or parent remarried *
- ☐ 43 Widow's current annuity terminated by last child's attainment of age 18 or disabled child's recovery from disability
- ☐ 45 Widow's current annuity terminated by last child's death, marriage or adoption
- ☐ 46 Beneficiary entitled to equal or greater benefits *
- ☐ Other (See Remarks)

SPOUSE ANNUITANT

- ☒ 51 Spouse died
- ☐ 53 Spouse under age 65 no longer has "child" in her care
- ☐ 57 Spouse divorced
- ☐ 59 Annuitant's or pensioner's benefit terminated

RET. ANNUITANT OR PENSIONER

- ☐ 01 Annuitant or pensioner died
- ☐ 08 Annuitant recovered from disability

SUSPENSION

INSURANCE ANNUITANT

- ☐ 11 Beneficiary in employer service *
- ☐ 12 Beneficiary under age 72—earnings exceed $1200 per year *
- ☐ 14 Widow does not have entitled child in her care
- ☐ 16 Payee not determined
- ☐ 16 Withdrawn for investigation
- ☐ 16 Recovery of an erroneous payment
- ☐ Other (See Remarks)

SPOUSE ANNUITANT

- ☐ 52 Spouse worked in employer service
- ☐ 58 Annuitant's benefit suspended
- ☐ 56 Other (See Remarks)

RET. ANNUITANT OR PENSIONER

- ☐ 02 Annuitant returned to employer service
- ☐ 07 Annuitant returned to last person service
- ☐ 09 Disability annuitant earned more than $100 in a month
- ☐ 06 Other (See Remarks)

REMARKS
11-1-61

* DATE OF BIRTH OF BENEFICIARY

DATE

UNIT AND INITIALS
DR

RRB FORM NO. G-660
(2-52)

CLAIM SUMMARY RECORD

CLAIM NO. (1-7) A333473

SECTION I
RETIREMENT ANNUITIES

A.	EMPLOYEE - "A"		B.	SPOUSE - "A"	
-3-	NEW INACTIVE APPLICATION	N.C.	1-0-4	NEW ACTIVE APPLICATION	N.C.
0-0-4	NEW ACTIVE APPLICATION	N.C.	1-1-4	REACTIVATED - NO PREV. AWARD	N.C.
0-1-4	REACTIVATED - NO PREV. AWARD	N.C.	1-2-5	REACTIVATED - PREVIOUS AWARD	P.C.
0-2-5	REACTIVATED - PREVIOUS AWARD	P.C.	1---0	FINAL CERTIFICATION	
0---0	FINAL CERTIFICATION		1---1	CLOSED WITHOUT AWARD	
0---1	CLOSED WITHOUT AWARD		1---5	PARTIAL CERTIFICATION	
0---5	PARTIAL CERTIFICATION				

SECTION II
SURVIVOR ANNUITIES

ANNUITANT "A" EMPLOYEE "D" PENSIONER "H"

2-0-4	NEW SURVIVOR APPLICATION	N.C.	
2-1-4	REACTIVATED - NO PREV. AWARD	N.C.	
2-2-5	REACTIVATED - PREVIOUS AWARD	P.C.	
2---0	FINAL CERTIFICATION		
2---1	CLOSED WITHOUT AWARD		
2---5	PARTIAL CERTIFICATION		

(8)	(9)	DATE (10-13)	(14)	EXAMINER	✓	(8)	(9)	DATE (10-13)	(14)	EXAMINER	✓	(8)	(9)	DATE (10-13)	(14)	EXAMINER	✓
0						1	0	3-17-3	4	CAR	✓	2					
0						1			0	EK	P	2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					

SECTION III
TICKLER DATES

A.	ORGANIZATION UNIT
0	DIV. OF DISABILITY DETERMINATIONS
1	DIV. OF RETIREMENT ANNUITIES
3	DIV. OF SURVIVOR ANNUITIES
7	DIV. OF ADM. SERV. - AUDIT
8	DIV. OF ADM. SERV. - CORRESPONDENCE

DOE	CALL-UP DATE	EXAM.	✓	DATE COMPLETED	EXAM.	✓

B.	REASON FOR CALL-UP
	RELEASE RL-50B
	INVESTIGATION OF EMP. & EARN.
	EMPLOYEE ATTAINS AGE 65
	TRACE REL. OF RIGHTS - 65
	PROBABLE ELIGIBILITY - SPOUSE
	PROOF OF AGE
	RELEASE OF RL-69
	4% L. SUM LIQUIDATED
	DEFERRED LUMP-SUM PAYABLE
	2 YRS. FROM EMP. DEATH
	WIDOW OR PARENT ATTAIN 65
	EXCLUDED BENEF. INITIAL AWARD
	ERRONEOUS PAYMENTS
	ERRONEOUS PAYMENTS TRACER
	REINSTATEMENT OF PAYMENTS

SECTION IV
ERRONEOUS PAYMENT DATA

CLASS	DATE	AMOUNT	AMT. RECOV.	BALANCE	✓

SECTION V
REOPENING DATA

REOPENED UNDER B.O. _____

DATE _____

SIGNATURE _____

INITIAL DECISION AFFIRMED

DATE _____

SIGNATURE _____

SECTION VI
CLAIM SUMMARY

PAYEE MR. - MRS. - MISS

ADDRESS

NAMES AND ADDRESSES OF OTHERS TO BE NOTIFIED

RRB Chicago

CERTIFICATION OF SERVICE AND COMPENSATION – BASIC AMOUNT AND PIA DETERMINATIONS

1A. NAME ON RECORD: NIXON
B. NAME ON REQUEST:
C. ACCOUNT NUMBER: 705 12 2357
D. R.R.B. CLAIM NUMBER: A333473
CD:
E. ACC. OR REQ. CL. NUMBER:
F. MASTER FILE EARMARKINGS: SS | OASI | DIS. FREEZE | G.F. | AA-11A | UI-87

2A. TOTAL TO DATE — S.M.: 118 — COMPENSATION: 22 389 71
B. TOTAL THRU YEAR ATTAINED AGE 65 — S.M.: — COMPENSATION:
C. YEAR AGE 65: 53
D. INC. ACCT.:
E. INAC. ACCT.:
F. TYPE OF CLAIM: SURV

3A. YEAR	B. MOS. SERV.	C. MONTHS EMPLOYED CODE	D. TOTAL Q.C.	E. MIL. SERV. Q.C.	F. COMP Q.C.	G. WAGE Q.C.	H. INC. YR.	I. D/O D/F	J. WAGES AND COMPENSATION	K. COMPENSATION	L. WAGES
1947	1				1					168 01	
1948											
1949											
1950											
1951											
1952											
1953											
1954											
1955											
1956											
1957											
1958											
1959											
1960											
1961											
1962											
1963											
1964											
1965											
1966											
1967											
1968											
1969											
1970											

G. DOB: MO. 03 — YR. 88
H. DOD: MO. 03 — YR. 67
G. CREDITABLE MILITARY SERVICE:
H. TOTAL THRU 1946: 117 — 22 221 70
I. ADJ.:
J. SERVICE AND COMPENSATION CERTIFIED THRU: 12-31-65

ANN. DATE: Q 1 — YR 47
APPL. DATE: Q 2 — YR 47
J. YR. LAST ACCT.: 47
K. TOTAL INCLUDING MILITARY SERVICE:
L. EMPLOYER NOS.:
A D D.:
M. PAYROLL IDENT. NUMBER(S):
N. DATE FORM PREPARED: 4 07 67

K. OCCUPATION FOR LAST 5 YEARS

ICC	A	YR	ICC	A	YR	ICC	A	YR	ICC	A	YR	ICC	A	YR

L. PRIOR S.M.: 242
M. INCREMENT YEARS — AFTER 1946: — 1937-46: 10
N. GROSS RESIDUAL WITH MILITARY SER.:
O. GROSS RESIDUAL OR V.A. TAX: 900 63

4. REMARKS
MONTHS EMPLOYED CODE
0 = NO SERVICE — 4 = 3rd MONTH
1 = 1st MONTH — 5 = 1st & 3rd MOS.
2 = 2nd MONTH — 6 = 2nd & 3rd MOS.
3 = 1st & 2nd MOS. — 7 = 1st, 2nd & 3rd MOS.

1959 GROSS AMOUNT

5. MILITARY SERVICE
☐ CREDITABLE ☐ NOT CREDITABLE

YEAR	J	F	M	A	M	J	J	A	S	O	N	D

6. ENTITLEMENT DETERMINATIONS
A. 120 SERVICE MOS. YES ☑ NO ☐
B. CURRENT CONNECTION YES ☑ NO ☐
C. REQUIRED QTRS. COVERAGE
D. ACQUIRED QTRS. COVERAGE
E. INSURED STATUS: COMPLETELY ☑ FULLY ☑ PARTIALLY ☐ CURRENTLY ☐
F. FIRST QTR. INSURED: 3 31 53
G. DATE ATTAINED RETIREMENT AGE: 3 11 53

7. MONTHS EMPLOYED (R.R.B.)

YEAR	J	F	M	A	M	J	J	A	S	O	N	D
47	✓											

8.

YEAR	B. MOS. SERV.	C. TOT. Q.C.	D. M/S Q.C.	E. COMP Q.C.	F. WAGE Q.C.	G. INC. YR.	H. D/O D/F	I. WAGES AND COMPENSATION	J. COMPENSATION	K. WAGES
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										

Max Worked: 2438

9. TRIAL COMPUTATIONS – RRB * PRE 66 AMEND.

C/D	DIVIDEND	D/M	AMW	FIY	BASIC AMT/ PIA/ ANN.	FORMULA	BASIC AMT./PIA.
A MC			178 00		52 48	BA*	49 11
1 53	22 389 71	120	186 00	10	58 86	BA*	55 08

TRIAL COMPUTATIONS – SSA

RRB FORM G-90 (2-67)

10 RAILROAD RETIREMENT ACT — COMPUTATIONS

CLOSING DATE	WAGES AND/OR COMPENSATION	DIVISOR	AVERAGE MONTHLY WAGE	INC. YRS.	BASIC AMT. O	BASIC AMT. N
1-1-						
1-1-						
1-1-						
1-1-						

11 SOCIAL SECURITY ACT — COMPUTATIONS

METHOD: 1938 1950 1965					PIA
1-1-					
1-1-					
1-1-					
1936 PIA FORMULA				1936 PIA	
1-1-					
1-1-					
1-1-					
1950 PIA FORMULA				1950 PIA	
PIA FORMULA — OLD		REV.	PIA METHOD	PIA	

COMP.

VER.

12 I CERTIFY THAT THIS REPORT OF SERVICE AND COMPENSATION AND RELATED DATA IS CORRECT ACCORDING TO THE PROVISIONS OF THE RAILROAD RETIREMENT AND SOCIAL SECURITY ACTS AND TO THE RECORDS OF THE BUREAU OF WAGE AND SERVICE RECORDS. THE USE OF THIS DATA TO DETERMINE ELIGIBILITY FOR AND THE AMOUNT OF RETIREMENT OR SURVIVOR BENEFITS IS AUTHORIZED.

4/10/67
DATE

FOR DIRECTOR WAGE AND SERVICE RECORDS

MAXIMUM CREDITABLE COMPENSATION

PERIOD	MONTHLY AMOUNT	ANNUAL AMOUNT
1937 - 1953	$300	$3600
1/1/54 - 6/30/54	300	3900
7/1/54 - 12/31/54	350	
1955 - 1958	350	4200
1/1/59 - 5/31/59	350	4550
6/1/59 - 12/31/59	400	
1960 - 1962	400	4800
1/1/63 - 10/31/63	400	4900
11/1/63 - 12/31/63	450	
1/1/64 - 12/31/65	450	5400
1/1/66 and thereafter	550 (or an amount equal to 1/12 of current maximum annual taxable wages.)	6600

MAXIMUM WAGES and/or SELF EMPLOYMENT

PERIOD	AMOUNT
1/1/37 - 12/31/39	$3000 for each employer
1/1/40 - 12/31/50	3000
1/1/51 - 12/31/54	3600
1/1/55 - 12/31/58	4200
1/1/59 - 12/31/65	4800
1/1/66 and thereafter	6600

AMEND EFF 11-66 SUPP 0 SMIB 1 PC1 A 333473

OLD RATE 136.60 NEW RATE 146.45 SSA NO 705-12-2357

1-67 156.30 NEW RR RATE 146.45 6.55 REDUCTION NONE

D NONE SSA CL NO NONE SSA AMT NONE

) HIB EFF 7-66 SMIB EFF 7-66 PNIXO A 333473

OLD RATE 139.60 ADJ RATE 136.60 EFF 6-1-66

FORM APPROVED
BUDGET BUREAU NO. 70-R294

FORM NO. G-273
(3-63)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

STATEMENT OF DEATH BY FUNERAL DIRECTOR

1. Name of Deceased	2. RRB Claim No.
Paul Eugene Nixon	UNKNOWN

3. Sex	4. Social Security Account No.
MALE [XX] FEMALE [ ]	705-12-2357

5. Date of Death	6. Place of Death
March 7, 1967	Cumberland, Md.

I hereby certify that the undersigned is an authorized funeral director and prepared for burial or buried the body of the person named above. I understand this statement may be used in connection with an application for benefits payable under the U. S. Railroad Retirement Act.

Address of Funeral Director or Firm	Name of Funeral Director or Firm
108 Virginia Ave. (STREET ADDRESS)	Scarpelli Funeral Home
Cumberland (CITY) (ZONE)	James C. Scarpelli (SIGNATURE)
Maryland (STATE)	Owner (TITLE) March 7, 1967 (DATE)

PENALTIES

SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY .... INDIVIDUAL .... WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR, OR BOTH."

G-273 (3-63)

RRB No. A-333473

MARYLAND STATE DEPARTMENT OF HEALTH
AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

MARYLAND

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE MARYLAND b. COUNTY ALLEGANY

c. LENGTH OF STAY IN 1b: 7 DAYS

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): CUMBERLAND

1 hospital, give street address): 'AL

d. STREET ADDRESS: 23 GRAND AVENUE

e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

Middle	Last	4. DATE OF DEATH Month	Day	Year
IL E.	NIXON	MARCH	7	19 67

MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 3-12-88

9. AGE (In years last birthday): 78 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R.R. CO.

11. BIRTHPLACE (County & State, or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

14. MOTHER'S MAIDEN NAME: MARTHA L. HARDY

rvice) 16. SOCIAL SECURITY NO.

17. INFORMANT Address: MEMORIAL HOSPITAL-CUMBERLAND, MD.

ber line for (a), (b), and (c).)

	INTERVAL BETWEEN ONSET AND DEATH
Uraemia	7 days
Myocarditis & Decompensation	3 mon.
Broncho-Pneumonia	3 days

RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

al) attended the deceased from Mar. 3, 1967 to Mar. 7, 1967, that (I) (we) last Mar. 7 1967, and that death occurred at 12:20 A.M., from causes and on the date stated above.

Durrett M.D. ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22b. DATE SIGNED 3/7/67

E. DURRETT

22d. ADDRESS: 236 VIRGINIA AVE., CUMBERLAND, MD.

OF

23c. NAME OF CEMETERY OR CREMATORY: Rose Hill Mausoleum

23d. LOCATION (City or Town) (County) (State): Cumberland, Md. Allegany

,1967

ADDRESS: Cumberland, Md.

25a. REC'D BY REGISTRAR DATE: MAR 14 1967

25b. REGISTRAR'S SIGNATURE

RRB NO A-333473

y, to wit:

y Register of Wills for Allegany County, do
at on the 21st day of March 19 67
tary were granted to
W. Bearinger

gene Nixon late of Allegany County, deceased,
W. Bearinger

nited States Fidelity and Guaranty Company

,000.00 Current Money, and also taken and subscribed
for the faithful performance of said Administration.
tify, that said Letters Testamentary are still
rtue of law.

In Testimony Whereof, I hereunto set my hand and affix the seal of office, this 22nd day of September 19 67

TEST:

James M Cooley

Register of Wills for Allegany County, Maryland

RL-94-F
(6-64)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
1102 11 Av
ALTOONA, PA 16603

Mr. Claude W. Beatinger
40 Grand Av
Cumberland, MD. 21502

In reply refer to
RRB Claim No.
SSA No. 705-12-2357
Name of Deceased Employee
PAUL E NIXON

Dear Sir:

In order that we may determine whether any benefits may be payable under the Railroad Retirement Act by reason of the death of the person named above, please fill in all of the items listed on the following pages. If you do not know the answer to any item, write "Unknown" in the item. Please return the completed form to the Railroad Retirement Board in the enclosed envelope. This form is *not* an application for benefits.

Very truly yours,

J. Paul Hoffman
District Manager

Enclosure
Envelope

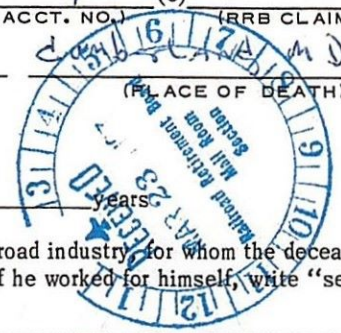
FORM APPROVED
BUDGET BUREAU NO. 70-R147.8

RRB FORM RL-94-F (6-64)

SURVIVOR QUESTIONNAIRE

1. Deceased employee's (a) PAUL E. NIXON (NAME) (b) 705-12-2357 (SOCIAL SECURITY ACCT. NO.) (c) _____ (RRB CLAIM NO.)

(d) 03 12 88 (DATE OF BIRTH) 03 07 67 (DATE OF DEATH) CUMBERLAND MD (PLACE OF DEATH)



2. How many years did the deceased employee work in the railroad industry:

(a) Before 1937 29 years (b) After 1936 11 years

3. Give the following information for each employer, *including* employers outside the railroad industry, for whom the deceased employee worked during the 3-year period ending with the month of last employment: (If he worked for himself, write "self-employed" in the first column.)

NAME OF EMPLOYER	LAST OCCUPATION	LOCATION	WORK BEGAN		WORK ENDED	
			MONTH	YEAR	MONTH	YEAR
Baltimore & Ohio RR Co.	HOSTLER	Cumberland, MD	UNKNOWN			

4. Did the deceased employee serve in active military or naval service of the United States? Yes (YES OR NO) *If "Yes," give*

1917 (DATE OF ENTRY) 1918 (DATE OF DISCHARGE) ARMY (BRANCH OF SERVICE)

5. Was the deceased employee receiving a monthly pension or annuity under the Railroad Retirement Act? Yes (YES OR NO)

If he was receiving an annuity, did it begin before 1948? Yes (YES OR NO)

6. Give the following information regarding the deceased employee's widow or widower, children (including adopted children or stepchildren), and parents (including an adopting parent or step-parent). If any child of the deceased employee, under age 18, is not living with its surviving parent, include the name and address of the person with whom such child is living:

NAME OF SURVIVOR (If None, Write "None")	SURVIVOR'S ADDRESS	DATE OF BIRTH	RELATIONSHIP TO DECEASED
None			

7. Are there any unmarried children named in item 6 who are 18 years of age or older and unable to engage in any regular employment because of a permanent disability that began before age 18? NO (YES OR NO) *If "Yes," give the name of each such child:*

8. Is a child of the employee expected to be born? NO (YES OR NO) *If "Yes," give the anticipated date of birth:* _____ (MONTH-YEAR)

9. If a *widower, parent, step-parent* or *adopting parent* is listed in item 6 above, was any such survivor receiving at least one-half of his or her support from the deceased employee when the employee died?_____ (YES OR NO) *If "Yes,"* give the name of each such survivor: _____

10. If a widow or widower is listed in item 6 above, (a) give the date she (he) married the deceased employee _____.

(b) Was she (he) in receipt of a wife's (husband's) annuity?_____ (YES OR NO)

(c) Were the employee and his wife (her husband) living together at the same address at the time of the employee's death?_____ (YES OR NO) *If "No,"* also answer (1), (2), and (3) below:

(1) State why the husband and wife were not living together and date they separated:

(2) Was the employee under order by any court to contribute to the support of his wife (her husband)?_____ (YES OR NO)

(3) Was the employee contributing to the support of his wife (her husband)? (Contributions may be in cash or kind, such as living rent-free in a house which the employee owned.)_____ (YES OR NO)

11. If the deceased employee was not survived by a child, give the following information about any surviving grandchildren of the deceased employee:

NAME OF GRANDCHILD	ADDRESS	DATE OF BIRTH
None		

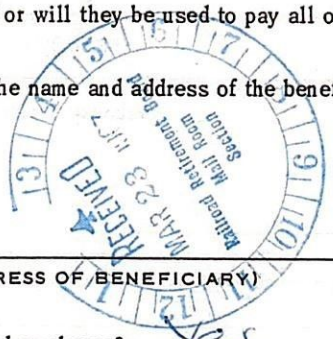
12. (a) Have the deceased employee's burial expenses been paid? No (YES OR NO)

(b) Give the name and address of any person(s) who paid or will pay all or part of the burial expenses:

NAME	ADDRESS
Claude W. Beringer	40 Grand Av. Cumberland MD

13. Were funds of the deceased employee used or will they be used to pay all or any part of the burial expenses of the deceased employee? No (YES OR NO)

14. Were proceeds from an insurance policy or benefits from a fraternal organization used or will they be used to pay all or any part of the burial expenses of the deceased employee? No (YES OR NO) *If "Yes,"* give the name and address of the beneficiary named, if any. (If none, write, "None.")



(NAME OF BENEFICIARY) (ADDRESS OF BENEFICIARY)

15. (a) Has any court appointed an administrator or executor of the estate of the deceased employee? Yes (YES OR NO) *If "Yes,"* give the following:

Claude W. Bearinger — Executor

(NAME) (ADMINISTRATOR OR EXECUTOR)

(ADDRESS)

(b) *If (a) is answered "No,"* is it expected that a court will appoint an administrator or executor of the estate of the deceased employee? (YES OR NO)

16. Has anyone filed an application for benefits under the Social Security Act by reason of the death of the deceased employee?

No (YES OR NO) *If "Yes,"* give the name and address of each such person:

17. What is your relationship, if any, to the deceased employee? Nephew

REMARKS: (This space may be used for explaining any answers to questions.)

Signature of person furnishing information Claude W. Bearinger

40 GRAND AV Cumberland MD 21502 722-8048

(ADDRESS) (TELEPHONE NUMBER)

Date signed 03-21-67

RL-94-F (6-64)

RL-53d-F
(7-64)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
1102 11 Av
Altoona, Pa. 16603

March 22, 1967

NOTICE OF DEATH

Mr. Claude W Bearinger
40 Grand Av
Cumberland, Md. 21502

In reply refer to SSA No. 705-12-2357

Name of Deceased Employee
Paul E Nixon

Dear Sir:

You may be entitled to benefits under the Railroad Retirement Act *after you have paid the burial expenses* of the above-named employee.

Please call at this office or contact our representative at

as soon as the burial expenses have been paid. We will assist you in filing the appropriate application.

When you call, please bring with you the documents *checked below.* **You need not furnish any document unless it is checked.**

- ☐ Proof of death.
- ☒ Proof of payment of burial expenses.
- ☒ Certified copy of letters of administration or letters testamentary.
- ☐

NOTE: The enclosed Form G-273a completed by the funeral director is acceptable as proof of death and proof of payment of burial expenses.

The instructions on the back of this letter are for the purpose of aiding you in furnishing the documents checked above. Please follow the instructions carefully so that your claim may be handled without delay.

An application for an insurance lump-sum death payment must be filed within two years of the date of death; otherwise, it will not be acceptable. We suggest that you file your application *as soon as the burial expenses have been paid.* If someone else will pay, or has paid, any part of the burial expenses, please furnish the name and address of such person.

If you are unable to call at this office or contact our representative, please notify us promptly.

Very truly yours,
J. Paul Hoffman
J. Paul Hoffman
District Manager

Enclosure
G-273a

c.c. BRC with POD

INSTRUCTIONS

IMPORTANT: *Do not furnish any document described below unless it is checked on the front of this letter.*

PROOF OF DEATH: A certified copy of the public record of death should be submitted. A certified copy of the death certificate may be obtained from a city, county or state department of health or registrar of vital statistics of the state where death occurred. *The transcript must be certified by the issuing officer as being a true copy of the record in his custody.* A signed statement of death completed by the funeral director on RRB Form G-273 may be submitted instead of the public record. If RRB Form G-273a is submitted as proof of payment of the burial expenses, it may also be considered acceptable evidence of death. An official report of death from the Army, Air Force, Navy, Marine Corps or Coast Guard is also acceptable.

PROOF OF PAYMENT OF BURIAL EXPENSES: A person claiming reimbursement for payment of burial expenses of a deceased employee should furnish an *itemized* and *receipted* bill on the printed letterhead or statement of the funeral director or an RRB Form G-273a. The properly completed Statement of Burial Expenses, RRB Form G-273a, also serves as evidence of death. If RRB Form G-273a is not submitted, acceptable funeral bills should show the following:

1. Identity of the deceased employee.

2. The total amount of ordinary burial expenses. (This includes professional services, casket, embalming, certificates and permits.)

3. The amount of other burial expenses not included in (2) above. (This may include additional services and goods provided such as burial lot, opening and closing grave, transportation of body, etc. Where cash was advanced for any such items, the itemized statement should be noted to this effect.)

4. The total amount of all burial expenses.

5. The name of each person who paid any part of the burial expenses and the amount and date of each payment. This should include, if applicable, the Veterans Administration.

6. The amount of unpaid burial expenses.

7. Signature of the funeral director.

If goods or services were supplied for the burial, in addition to those shown in the bill from the funeral director, similarly receipted bills should be submitted.

To be reimbursable, burial expenses must ordinarily be paid not later than the second anniversary of the employee's death. If payment is expected to be delayed, beyond the second anniversary of the employee's death, you should file your application now and furnish an explanation of the reason for delay.

RECEIVED
Railroad Retirement Board
Mail Room
Section

RRB FORM G-96 (7-65)

TERMINATION OR SUSPENSION OF PAYMENTS

RRB CLAIM NO. (COLS 2-13) — SYM & PREFIX: A | SSA: | CLAIM NUMBER: 3 3 3 4 7 3

VOUCHER NUMBER

NAME OF PAYEE: P F NIXON

IF THIS CASE IS PRESENTLY IN SUSPENSE ENTER "9" IN THE BOX. OTHERWISE LEAVE BLANK (COL 14)

ACTIVITY CODE (COL 15): 1

PAYEE CODE (COL 16): 1

MONTHLY RATE (COLS 18-22): 1 4 6 4 5

TERMINATION OR SUSPENSION CODE (COLS 23-24): 0 1

*DATE OF BIRTH OF BENEFICIARY (COLS 25-30): MONTH 0 3 DAY 1 2 YEAR 8 8

DATE PAYMENTS SHOULD BE OR SHOULD HAVE BEEN STOPPED (COLS 31-34): MONTH 0 3 YEAR 6 7

REMARKS

UNIT AND INITIALS: 9512 Pa

DATE: 4-4-67

TERMINATION

INSURANCE ANNUITANT

41 Beneficiary died*
42 Beneficiary (child) attained age 18 or disabled child (18 or over) recovered from disability*
44 Beneficiary (child) married or adopted, or widow or parent remarried*
43 Widow's current annuity terminated by last child's attainment of age 18 or disabled child's recovery from disability
45 Widow's current annuity terminated by last child's death, marriage or adoption
46 Beneficiary entitled to equal or greater benefits*
61 Cancellation of application
61 Other (See Remarks)

SPOUSE ANNUITANT

51 Spouse died
53 Spouse under age 65 no longer has "child" in her care
57 Spouse divorced
59 Annuitant's or pensioner's benefit terminated
61 Cancellation of application

RET. ANNUITANT OR PENSIONER

01 Annuitant or pensioner died
08 Annuitant recovered from disability
61 Cancellation of application

SUSPENSION

INSURANCE ANNUITANT

11 Beneficiary in employer service*
12 Beneficiary under age 72—earnings exceed $1200 per year*
14 Widow does not have entitled child in her care
16 Payee not determined
16 Withdrawn for investigation
16 Recovery of an erroneous payment
16 Other (See Remarks)

SPOUSE ANNUITANT

52 Spouse worked in employer service
58 Annuitant's benefit suspended
56 Other (See Remarks)

RET. ANNUITANT OR PENSIONER

02 Annuitant returned to employer service
07 Annuitant returned to last person service
09 Disability annuitant earned more than $100 in a month
06 Other (See Remarks)

G-96 (7-65)

RRB FORM G-659a
(9-66)

CHECK LIST FOR SURVIVOR APPLICATIONS

1. TO D/O:	2. DATE 4-4-67	3. RRB CLAIM NO. A-333473
4. NAME OF DECEASED EMPLOYEE		5. SSA NO.

6. EMPLOYEE DIED; COMPLETELY (FULLY) INSURED ☐ RRB ☐ SSA ☐ NEITHER	7. DOD	8. LAST RAILROAD EMPLOYER	9. ☐ WIA BEING PAID AT MA RATE	10. CHECK OUTSTANDING DATED:

11. D/O	12. DATE	13. ☐ FAST PAY CASE ☐ HQ SELECTED ☐ FIELD SELECTED ADVANCE NOTICE SENT ☐ FIELD SELECTED NO ADVANCE NOTICE

14. NAME, ADDRESS, AND TELEPHONE NUMBER OF SURVIVOR(S) OR APPLICANT(S)	DATE OF BIRTH	RELATIONSHIP OR TITLE	APPLICATION RECEIVED REQ.	PERSON	MAIL	EMP.	FORM NUMBER

15. REQUIRED FORMS AND DOCUMENTS	ATT.	PREV. SUB.	TO BE SUB.
POD			
POM DOM:			
POA AND/OR POR OF:			
G-476a			
RL-94-F			
RL-113			
POM/S			
PO PAYMENT B/E:			
PO PAYMENT LI/E:			
PO APPT. LEGAL REP.			
DEPEND. STATEMENT OF PARENT OR G-467			

16. REMARKS

17. FOR HEADQUARTERS USE ONLY

APR 4 1967

☑ G-73a and att. released on (date)

☐ G-90 ☐ G-88a ☑ G-438 ☐ OA-C794 ☐ RR-90

☐

☐ G-73a not released

RW

RRB FORM G-73a (4-65)

REQUEST FOR CERTIFICATION OR TRANSFER– SURVIVOR CLAIM

1 WAGE REQUEST FORWARDED TO SSA

DATE

2 NAME OF DECEASED EMPLOYEE (LAST-FIRST INITIAL-MIDDLE INITIAL)

NIXON P.E.

☐ FOREIGN RESIDENT

3 RRB CLAIM NO. A-335473

8 SSA NO. 705-12-2357

4 DATE OF DEATH	5 DATE OF BIRTH	6 FEMALE	7 PRIOR S.M.
3-7-67	3-12-88	☐	242

9 OASI LAG EMPLOYERS AND ADDRESSES — FROM — TO —

10 MILITARY SERVICE

BRANCH

FROM TO

FROM TO

VERIFIED BY ☐ SSA ☐ RRB ☐ PROOF ATTACHED

11 ☑ APPL. F/D OR ☐ DLW 5-27-47

12 ☐ DEC'D WAS A PENSIONER $ — (AMT. OF PEN.) $ — (AV. MO. EARN.)

13 EFFECTIVE DATE(S) OF ANNUITY 3-27-47

☐ DEC'D REC'D ANN. BEFORE 1948 BASED ON AT LEAST 10 YRS. SERVICE $ 178.06 (AV. MO. COMP.)

14 DISABILITY FREEZE ESTABLISHED FROM 1-17-47 TO 3-31-53

DISABILITY FREEZE ESTABLISHED BY SSA ☑ YES ☐ NO

15 LAG CODES ☐ (1) ☐ (2) ☐ (3) ☐ (4)

16 YEAR BEFORE DEATH LAG			17 YEAR OF DEATH LAG		
YR	SM	COMP.	YR	SM	COMP.

18 ☑ C/C ☐ C/C BROKEN ☐ C/C UNKNOWN

19 COMPUTER PROCESSING CODES:

CODE	TYPE
(21) ☐	"A" CASE
(22) ☑	"A" CASE WITH AMC
(23) ☐	INITIAL "D"
(24) ☐	AME (PENSIONER)
(25) ☐	PA (PENSIONER)
(45) ☐	GROSS RESIDUAL ONLY
(46) ☐	RRB TRANSFER

20 TYPE OF PAYMENT:

A ☑ LUMP SUM

B ☐ MONTHLY ANNUITY O/M COMP. REQ'D.

C ☑ UNKNOWN O/M COMP. REQ'D.

21 JURISDICTIONAL DATA

A ☐ RRB DOES NOT HAVE JURISDICTION

B ☐ RESIDUAL PAID ELECTION MADE

C ☐ RESIDUAL PAID-NO ELECTION SA OR LSDP TO

D ☐ CLAIMS MATERIAL ATTACHED

E ☐ BENEFITS DEDUCTIBLE FROM GROSS RESIDUAL $

SIGNED

DATE

22 REMARKS:

EXAMINER	UNIT	DATE
RA	2542	4-4-67

G-73a (4-65)

XEROX FORM G-96 (4/63)

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILLINOIS

Check No. 20,557,135
SYMBOL 1076

RAILROAD RETIREMENT BOARD
RETURNED CHECK NOTICE
TERMINATION OR SUSPENSION OF PAYMENTS

4-5-67
Date Returned

15-51
000

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSER -- REQUIRE IDENTIFICATION

PAY TO THE
ORDER OF PAUL E NIXON
23 GRAND AVE
CUMBERLAND MD

MONTH	DAY	YEAR
4	01	67

A333473
030 1

DOLLARS	CTS.
$****146	45

RR RET BEN

NOT NEGOTIABLE

01

⑆0000⑈0051⑆

TERMINATION

INSURANCE ANNUITANT

Prefix JA, W or WC

- ☐ 41 Beneficiary died
- ☐ 42 Beneficiary (child) attained age 18 or disabled child (18 or over) recovered from disability
- ☐ 44 Beneficiary (child) married or adopted, or widow or parent remarried
- ☐ 48 Widow's current annuity terminated by last child's

SPOUSE ANNUITANT

Prefix MA or MH

- ☐ 51 Spouse died
- ☐ 53 Spouse under age 65 no longer has "child" in her care
- ☐ 57 Spouse divorced
- ☐ 59 Annuitant's or pensioner's benefit terminated

SUSPENSION

INSURANCE ANNUITANT

Prefix JA, W or WC

- ☐ 11 Beneficiary in employer service
- ☐ 12 Beneficiary under age 72—— earnings exceed $1200 per year
- ☐ 14 Widow does not have entitled child in her care
- ☐ 16 Payee not determined

SPOUSE ANNUITANT

Prefix MA or MH

- ☐ 52 Spouse worked in employer service
- ☐ 58 Annuitant's benefit suspended
- ☐ 56 Other (See Remarks)

RET. ANNUITANT OR PENSIONER

Prefix A or H

RRB FORM G-663 (4-66)

CODE SHEET (SURVIVORS)

CLAIM NO. (COLS. 2-11): A 3334 3 3

SECTION I - STATUS AND DISPOSITION OF SURVIVOR APPLICATIONS

CODES FOR COLUMNS 20, 22 - 26

COLUMN 20 TYPE OF ACTION	CODE	COLUMN 22 STATUS OF APPLICATION	CODE	COLUMN 23 TYPE OF DISPOSITION	CODE	COLUMNS 24 TYPE OF APPLICATION	CODE
RECEIPT	7	NEW APPLICATION	0	FINAL CERTIFICATION	0	AA-17 or AA-17a	1
DISPOSITION	8	REACTIVATED	1	CLOSED WITHOUT AWARD	1	AA-18	2
		RECERTIFIED	2	PARTIAL CERTIFICATION	5	AA-19	3
						AA-19a	4
						AA-20	5
						AA-21, AA-21a, G-126, AA-3	6
						G-476c	7

25 - 26 NO. OF APP.

RECEIPTS

21	22	23	24	25	26		CLERK
3	0	0	6	0	1	V	HK
3		0					
3		0					
3		0					
3		0					
3		0					
3		0					
3		0					
3		0					

DISPOSITIONS

21	22	23	24	25	26	DATE 32	33	34	35	36	37	G-184 69	PRODUCTION REPORT I 71	D 72	EXAM 73	74	75	I 76	D 77	AUTH 78	79	80		CLERK
3	0	0	6	0	1	1	1	1	3	6	7	-	A		5	5	6	6	-	-	-	-		2
3		0																						
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SECTION II - TICKLER DATES

CODE (19)	ORGANIZATION UNIT	CODE (16-17)	REASON FOR CALL-UP
0	DIV. OF DISABILITY BENEFITS	01	ERRONEOUS PAYMENTS
2	SCREENING	02	ERRONEOUS PAYMENTS TRACER
5	SURVIVORS - B	03	REINSTATEMENT OF PAYMENTS
6	SURVIVORS - A	04	OUTSTANDING CHECK NOT DUE
8	PROTEST & APPEALS		
		11	INVESTIG. OF EMP. & EARN.
W	WAIVER, RECOVERY AND PENALTY		
X	SURVEY (SQI)		
	SPECIAL CODES	52	DEFERRED LUMP SUM PAYABLE
		53	RESIDUAL PAYABLE
N	RELEASE ANNUAL POLICING FORM		
9	RELEASE POLICING FORM JAN 1		

CODES (16-17)	CODES (19)	CALL-UP DATE	EXAM.		DATE COMPLETED	EXAM.	
04	5	3-1-67	[illegible]		4/11/67	[illegible]	
							99
							99
							99

SECTION III - REOPENING DATA

REOPENED UNDER B.O. _____

DATE _____

SIGNATURE _____

SECTION IV - NAMES AND ADDRESSES OF OTHERS TO BE NOTIFIED

G-663 (4-66)

RRB No A-333473

Scarpelli

FUNERAL HOME

108 VIRGINIA AVENUE
CUMBERLAND, MARYLAND

PHONE: PA 4-4600

Mr. Claude Bearinger
Administrator Estate Mr. Paul E. Nixon
Cumberland, Md.

Mr. Paul Eugene Nixon — Sept. 19, 1967

Complete as selected		$ 950.00
Outer case selected		
Clothing		
Opening Grave	Opening Crypt Rose Hill Mausoleum	35.00
Flowers	Habeeb Flower Shop	36.00
Minister	Rev. Louis Emerick	15.00
Cutting Date of Death on Crypt		10.00
		$1046.00
Less Burial Allowance Veterans		250.00
		$ 796.00

PAID
9-19-1967
SCARPELLI FUNERAL HOME

Thank You!
J. P. Scarpelli